

GOVERNOR'S BEHAVIORAL HEALTH TASK FORCE
Kansas Department for Aging and Disability Services Agency Overview

1) What are the key issues that you think need to be addressed for those with mental health needs or at-risk of developing chronic mental health care needs for those served within your system?

Mental health is important for everyone, therefore necessary for all members of our communities to have a clear understanding of what it is and how they can help. Persons that KDADS serves often have many other issues in addition to mental health such as physical health issues and living in poverty. Life stressors increase the prevalence of mental illness and the system needs to be available to respond to individuals at the earliest stage of illness before it becomes chronic. Often people will not seek help because of stigma and when they do finally seek help, it has already become a chronic condition. Decreases in funding over the last several years has forced the system to focus the remaining dollars on the most challenging individuals, leaving those who are at-risk with little to no resources. Mental health is as important as physical health, but individuals are not going to seek help for either if they are uninsured and unaware of how they are going to meet their own basic needs, let alone the needs of their families.

It is necessary for the system to rethink how mental health services are delivered and what services are offered. Some ideas include:

- All practice should be evidence-based with clearly defined practice standards which can be monitored for fidelity
- Funds should be directed to those services that are most effective
- Increase emphasis on outreach and engagement, going to the person where they are
- Use of technology and modern approaches to keep people engaged and to make services more accessible for hard to reach people
- Increased awareness to develop recovery oriented communities to effectively support individuals and to increase protective factors for prevention
- Increased use of in home services for families (Ex: Parent Support and In-home family therapy) and peer support for adults
- Enhancement of educational trainings statewide to support direct service staff
- Long Term 24 hour care options for individuals with SPMI with a history of violence, water intoxication, Co-occurring disorders and Personality Disorders.
- Transportation Needs for all communities, especially rural
- Statewide 24 hour crisis availability for individuals with co-occurring issues
- Streamlined services for individuals who move through levels of care and across the state;
- Treatment should be designed around the individual and their definition of recovery

2) What committees or groups within your system have been discussing mental health care needs?

The primary groups relevant to KDADS includes: Governor's Mental Health Services Planning Council and it's subcommittees (Children's, Rural & Frontier, Aging, Suicide Prevention, Justice Involved Youth/Adults, Vocational, Kansas Citizens, Housing/homelessness), as well as the Hospital and Home Team. Other groups include:

- Systems Collaboration Work Group that includes Kansas Departments of Aging and Disability, Children and Families, and Juvenile Justice
- Psychotropic Medication Work Group
- Unified Training and Advisory Group
- Early Head Start Advisory Group
- Community Mental Health Center Executive and Program Directors
- Psychiatric Residential Treatment Facility Stakeholders
- Families for Mental Health (KC area, was a NAMI affiliate)
- Early Head Start and Head Start
- Homeless Coalitions
- Mosaic board (DD provider)
- Tri Valley Developmental Human Rights Team
- Kansas Juvenile Justice Authority
- NAMI groups
- Local Consumer Run Organizations
- Reno county crime reduction initiative/task force
- COMCARE's community crisis center planning group (OSS)

3) What reports are available for this task force to read?

President Bush's New Freedom Commission Report
Recommendations from GBHSPC sub-committees
KU of Social Welfare has several focus study reports

Hospital and Home Report on Rainbow Mercer Study
Pillars of Peer Support
Many reports are available on the Substance Abuse Mental Health Services Administration website

4) What initiatives have been successful at addressing any of the key issues you have mentioned within your system? Are these local or statewide initiatives?

Governors Mental Health Initiative—statewide
Reno County Crime Reduction Initiative--local
Permanency Roundtables – statewide
Recovery oriented systems of care--local

5) What outcome data is available to show that these initiatives have been successful? Any cost-benefit data available?

These initiatives are all fairly new and outcomes data is not available

6) What is your agency doing in terms of prevention related to mental illness?

Mental health initiative encourages outreach & engagement
Suicide prevention awareness
Beginning to integrate SUD Prevention with MH Promotion and Prevention

- An initial step currently in progress involves updating the statewide epidemiological profile from 2007 that looked at consumption and consequences related to SUD use--we are now looking at all behavioral health indicators and shared risk and protective factors. Once finalized this data will be used to help set prevention priorities more broadly across BHS